



[Home](#) → [Medical Encyclopedia](#) → Acute cholecystitis

URL of this page: [//medlineplus.gov/ency/article/000264.htm](https://medlineplus.gov/ency/article/000264.htm)

## Acute cholecystitis

Acute cholecystitis is sudden swelling and irritation of the gallbladder. It causes severe belly pain.

### Causes

The gallbladder is an organ that sits below the liver. It stores bile, which your body uses to digest fats in the small intestine.

Acute cholecystitis occurs when bile becomes trapped in the gallbladder. This often happens because a gallstone blocks the cystic duct, the tube through which bile travels into and out of the gallbladder. When a stone blocks this duct, bile builds up, causing irritation and pressure in the gallbladder. This can lead to swelling and infection.

Other causes include:

- Serious illnesses, such as HIV or diabetes
- Tumors of the gallbladder (rare)

Some people are more at risk for gallstones. Risk factors include:

- Being female
- Pregnancy
- Hormone therapy
- Older age
- Being Native American or Hispanic
- Obesity
- Losing or gaining weight rapidly
- Diabetes

Sometimes the bile duct becomes blocked temporarily. When this occurs repeatedly, it can lead to chronic cholecystitis. This is swelling and irritation that continues over time. Eventually, the gallbladder becomes thick and hard. It does not store and release bile as well as it did.

## Symptoms

The main symptom is pain in the upper right side or upper middle of your belly that usually lasts at least 30 minutes. You may feel:

- Sharp, cramping, or dull pain
- Steady pain
- Pain that spreads to your back or below your right shoulder blade

Other symptoms that may occur include:

- Clay-colored stools
- Fever
- Nausea and vomiting
- Yellowing of skin and whites of the eyes (jaundice)

## Exams and Tests

Your health care provider will perform a physical exam and ask about your symptoms. During the physical exam, you will likely have pain when the provider touches your belly.

Your provider may order the following blood tests:

- Amylase and lipase
- Bilirubin
- Complete blood count (CBC)
- Liver function tests

Imaging tests can show gallstones or inflammation. You may have one of these tests:

- Abdominal ultrasound
- Abdominal CT scan
- Abdominal x-ray
- Oral cholecystogram
- Gallbladder radionuclide scan

## Treatment

If you have severe belly pain, seek medical attention right away.

In the emergency room, you'll be given fluids through a vein. You also may be given antibiotics to fight infection.

Cholecystitis may clear up on its own. However, if you have gallstones, you will probably need surgery to remove your gallbladder.

Nonsurgical treatment includes:

- Antibiotics you take at home to fight infection
- Low-fat diet (if you are able to eat)
- Pain medicines

You may need emergency surgery if you have complications such as:

- Gangrene (tissue death)
- Perforation (a hole that forms in the wall of the gallbladder)
- Pancreatitis (inflamed pancreas)
- Persistent bile duct blockage
- Inflammation of the common bile duct

If you are very ill, a tube may be placed through your belly into your gallbladder to drain it. Once you feel better, you may have surgery.

## Outlook (Prognosis)

Most people who have surgery to remove their gallbladder recover completely.

## Possible Complications

Untreated, cholecystitis may lead to any of the following health problems:

- Empyema (pus in the gallbladder)
- Gangrene
- Injury to the bile ducts draining the liver (may occur after gallbladder surgery)
- Pancreatitis
- Perforation

- Peritonitis (inflammation of the lining of the abdomen)

## When to Contact a Medical Professional

Call your health care provider if:

- Severe belly pain does not go away
- Symptoms of cholecystitis return

## Prevention

Removing the gallbladder and gallstones will prevent further attacks.

## Alternative Names

Cholecystitis - acute

## References

Glasgow RE, Mulvihill SJ. Treatment of gallstone disease. In: Feldman M, Friedman LS, Brandt LJ, eds. *Sleisenger & Fordtran's Gastrointestinal and Liver Disease:Pathophysiology/Diagnosis/Management*. 10th ed. Philadelphia, PA: Elsevier Saunders; 2016:chap 66.

Jackson P, Evans S. Biliary system. In: Townsend CM, Beauchamp RD, Evers BM, Mattox KL, eds. *Sabiston Textbook of Surgery*. 19th ed. Philadelphia, PA: Elsevier Saunders; 2012:chap. 55.

Wang DQH, Afdhal NH. Gallstone disease. In: Feldman M, Friedman LS, Brandt LJ, eds. *Sleisenger & Fordtran's Gastrointestinal and Liver Disease:Pathophysiology/Diagnosis/Management*. 10th ed. Philadelphia, PA: Elsevier Saunders; 2016:chap 65.

## Update Date 8/20/2015

Updated by: Subodh K. Lal, MD, Gastroenterologist at Gastrointestinal Specialists of Georgia, Austell, GA. Review provided by VeriMed Healthcare Network. Also reviewed by David Zieve, MD, MHA, Isla Ogilvie, PhD, and the A.D.A.M. Editorial team.



A.D.A.M., Inc. is accredited by URAC, also known as the American Accreditation HealthCare Commission ([www.urac.org](http://www.urac.org)).

URAC's [accreditation program](#) is an independent audit to verify that A.D.A.M. follows rigorous standards of quality and accountability. A.D.A.M. is among the first to achieve this important distinction for online health information and services. Learn

more about A.D.A.M.'s [editorial policy](#), [editorial process](#) and [privacy policy](#). A.D.A.M. is also a founding member of Hi-Ethics and subscribes to the principles of the Health on the Net Foundation ([www.hon.ch](http://www.hon.ch)).

The information provided herein should not be used during any medical emergency or for the diagnosis or treatment of any medical condition. A licensed physician should be consulted for diagnosis and treatment of any and all medical conditions. Call 911 for all medical emergencies. Links to other sites are provided for information only -- they do not constitute endorsements of those other sites. Copyright 1997-2016, A.D.A.M., Inc. Duplication for commercial use must be authorized in writing by ADAM Health Solutions.



---

U.S. National Library of Medicine 8600 Rockville Pike, Bethesda, MD 20894

U.S. Department of Health and Human Services National Institutes of Health

Page last updated: 28 September 2016